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DATE:

September 13, 2006

PTO IDENTIFIER:

**Application Number** 

10/779,610-Conf. #1339

**Patent Number** 

Inventor:

Shigeyasu Morihiro et al.

**MESSAGE TO:** 

US Patent and Trademark Office

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21581-00318-US

PAGES (Including Cover Sheet): 11

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Certificate of Transmission (1 page)

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PTQ/\$B/17 (07-08) Approved for use through 01/31/2007, QMB 0551-0032 U.S. Pakint and Tradamark Office; U.S. DEPARTMENT OF COMMERCE of information unless if displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no person are required to Complete if Known Effective on 12/08/2004. 10/779,610-Conf. #1339 nt to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number BEGEIVED February 18, 2004 TRANSMITTAL Filing Date PAX CENTER Shigeyasu Morihiro First Named Inventor For FY 2005 D. S. Metzmaier Examiner Name 1 3 2006 Applicant claims small entity status. See 37 CFR 1.27 1712 Art Unit 21581-00318-US TOTAL AMOUNT OF PAYMENT 1,020.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number, 22-0185 Deposit Account Name: Connolly Bove Lodge & Hutz LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) Indicated below Charge any additional fee(s) or underpayment of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION 1, BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES** SEARCH FEES FILING FEES Small Entity Small Entity **Small Entity** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) 200 100 300 500 250 150 50 130 65 200 100 100 200 100 300 150 160 80 300 150 500 250 600 300 100 O 0 0 200 n Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) 50 25 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissucs) 180 360 Multiple dependent claims Multiple Dependent Claims Fee Paid (\$) Extra Claims Fee (\$) Fee Paid (\$) Fee (\$) - 20 = HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee Paid (\$) Fee (\$) HP = highest number of Independent claims paid for, If greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) Number of each additional 50 or fraction thereof **Total Sheets** Extra Sheets (round up to a whole number) x - 100 = /50 Fees Paid (\$) 4. OTHER FEE(S)

Registration No.

(Attomoy/Agent)

24,852

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Non-English Specification, \$130 (See (no small entity discount)

Other (c.g., late filling surcharge): 1253 Extension for response within third month